

MEDICAL SUFFICIENCY LETTER

Place On Letter Head

OFFICE SYMBOL

MEMORANDUM FOR

SUBJECT: Medical Sufficiency Statement for Name

1. This memorandum is in support of the request for dependency determination for name, sponsor's SSN. After reviewing his/her medical records, it was determined his/her medical condition existed prior to his/her 21st/23rd birthday. The following informatuin is submitted in accordance with service regulatory guidance Army Regulation 40-400, Patient Administration, Air Force Instruction, AFI 41-115, Authorized Health Care and Health Care Benefits in the Military Health Services System (MHSS), Navy and Marine Corps Regulation NAVMEDCOMINST 6320.3B, Coast Guard, U.S. Coast Guard Pay Manual, COMDINST M7220.29 (Series), Chapter 3, etc:

- a. Diagnosis:
 - b. Brief summary of patient's condition.
 - c. Describe level of incapacitation. State whether the condition is permanent or temporary. If the condition is temporary, state the incapacitation time period that the condition might be resolved.
 - d. Onset of condition. If not congenital, at what age was the condition diagnosed?
 - e. State whether patient is capable of self-support.
2. If additional information is required, contact the medical doctor, or psychiatrist at (name of civilian or military treatment facility).

SINGNATURE BLOCK

Enclosure